



Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 02/07/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

EMG/NCV in the lower extremities

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prospective</i>						<i>Overturn</i>

**INFORMATION PROVIDED FOR REVIEW:**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant sustained a work-related injury on xx/xx/xx that resulted in low back pain and bilateral lumbar radicular symptoms, initially greater on the right. He has undergone multiple consultations and evaluations including MRI scan, initial EMG study, physical therapy, epidural steroid injections, and treatment at a chronic pain management program. Though temporary improvements in pain were reported, especially after the epidural steroid injections, there does appear to be documentation that indicates not only continued symptomatology but progression of symptoms now so that the left leg is predominant with exam findings also implicating radicular dysfunction, including reflex change, sensory change, and perhaps some motor deficits, as well. Therefore, an updated EMG/NCV study has been requested for further evaluation of this claimant's current nerve and nerve root functioning in the lower extremities.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

It is apparent to my review that this claimant's lumbar radicular symptoms have changed and progressed since the initial EMG study with significantly predominant symptoms now in the left lower extremity (compared to right-sided predominance at onset), as well as clear objective findings on examination of radicular dysfunction including sensory, motor, and reflex changes. Therefore, I do believe there is enough indication for an updated EMG/NCV study, not only to help quantify the amount of radicular dysfunction present, which may implicate the aggressiveness of treatment that might be warranted, but also to help indicate what lumbar radicular level may be involved so that this can also be correlated with MRI scan findings. I do believe it is both reasonable and medically necessary for the updated EMG/NCV study to be completed.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)